



Colorado Department  
of Public Health  
and Environment

Colorado Department of Public Health and Environment  
Monthly Summary for Total Coliform and Disinfectant Residual Reporting  
FORM 1—ROUTINE SAFE SAMPLE DATA

This form is only for public water systems that collect 40 or more total coliform samples per month.

Any total coliform present results and their repeats must be reported on FORM 2 - UNSAFE ROUTINE SAMPLE DATA AND REPEATS.

<b>PWSID:</b>	<b>System Name:</b>
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Sample Collection Month and Year	Number of Total Coliform Samples Analyzed	Total Coliform Result (Absent = A)	Number of Disinfectant Residual Samples Taken *	Number of Disinfectant Residual Samples Below Trace *	Disinfectant Residual Monthly Average (mg/L) *	Comments

NAME OF LABORATORY: \_\_\_\_\_ LABORATORY PHONE NUMBER: \_\_\_\_\_

Reviewed & Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\* Only report disinfectant residuals (chlorine or chloramines) measured at the same time and place as total coliform samples. Residuals measured with total coliform present and repeat samples must be included in the data reported on this summary form. Trace is considered the detection limit of the method.

FOR DEPARTMENT USE ONLY

TCR ☐ RDC ☐ CL2 MRDL ☐

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Additional copies of this form can be found at: <http://www.cdphe.state.co.us/wq/drinkingwater/LaboratoryReportingForms.html>

Version: SafeSummary12192008